SUMMONS FOR W	VITNES	S DOCKET NUMBER		Trial Court of Massachuse District Court Departmen	
CECCIONI COMMINAL HIDW	,		NIA NAT		
SESSION: CRIMINAL JURY NAME, ADDRESS AND ZIP CODE OF DEFENDANT			NAME AND ADDRESS OF COURT DIVISION  Quincy District Court		YOU MUST APPEAR AT
Commonwealth vs.			1 Dennis Ryan Pkwy. Quincy, MA 02169  THIS ADI		THIS COURT ADDRESS ON
			DATE /	AND TIME OF APPEARANCE	THE DATE AND TIME
			Marc	ch 5, 2012 9:00am for	SPECIFIED
			Voir	Dire	HEREIN
				DATE TIME	
Kate Corbett			OFFEN	NSE(S)	
Nate Corpett			Possession to Distribute Class B		
				ool Zone Violation	
				spiracy	
			00	5p.: 40y	
TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:  You are hereby commanded to forthwith serve the annexed summons upon the witness named within by delivering it to the witness personally, or by leaving it at the dwelling house or usual place of abode of the witness or with some person of suitable age and discretion then residing therein, or by mailing it to the last known address of the witness.  NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.  To the above named Witness:  You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:					
WITNESS:	ħ	wheel W Monrain		February 7, 2012	
M	lichael W	/. Morrissey, District Attorney			
RETURN OF SERVICE					
I hereby certify that I served the within summons upon the above Witness by					
□ Delivering a copy of it personally to the witness. □ Leaving a copy of it at the dwelling house or usual place of abode of the witness with person of suitable age and discretion then residing therein  x Mailing a copy of it to the last known address of the witness. □ I received the summons on but I was unable to make service  DATE RECEIVED  because:					
DATE OF OFFICE	***************************************	CIONATURE OF REPOON MAKENS OF	ים ווים	TITLE OF DEDOCAL MARKING OFFICE	
DATE OF SERVICE		SIGNATURE OF PERSON MAKING SE	RVICE		
February 7, 2012		Erin M. McFarland		Assistant District Attorney	